



2011 Military Health System Conference

Building Partnerships

Joint Capability Area

The Quadruple Aim: Working Together, Achieving Success

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25 Jan 11

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Overview



- Describe Building Partnerships (BP) as a Joint Capability Area
- Propose *health* as means to contribute to Building Partnerships
- Illustrate USAF, USA, USN health BP activities
- Identify readiness capabilities required to engage in effective BP missions



Building Partnerships

- *"Where possible, U.S. Strategy is to employ indirect approaches primarily through building the capacity of partner governments and their security forces - to prevent festering problems from turning into crises that require costly and controversial direct military intervention. In this kind of effort, the capabilities of [our] allies and partners may be as important as our own, and building their capacity is arguably as important as, if not more so than, the fighting [we do ourselves]."*

--Secretary Gates, Foreign Affairs,

2011 MHS Conference "A Balanced Strategy" Jan/Feb 2009

Building Partnerships: Background



- 2006--Quadrennial Defense Review placed emphasis on building partner capacity
- 2008--DepSecDef established Building Partnerships as a Joint Capability Area
- 2009--Stability ops are a core US military mission ...prepared to conduct with proficiency equivalent to combat ops (DODI 3000.05)
- 2010--Medical Stability Ops are a core U.S. military mission...be prepared to conduct throughout all phases of conflict and across the range of military operations

Building Partnerships: Definition



- The ability to *set the conditions for interaction* with partner, competitor or adversary leaders, military forces, or relevant populations by developing and presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities (Approved JCAHO Standard 2009)



Building Partnership Capacity: Definition



- Targeting *efforts to improve the collective capabilities* and performance of the DoD and its partners (QDR Roadmap, 2006)
- Thus, BP **establishes** the relationship; BPC **enables** the partner



BP Joint Capability Area (JCA)

Joint Staff's BP capability tiering drives service requirements

Nine JCAs

- Building Partnerships
- Battlespace Awareness
- Command & Control
- Net-Centric
- Logistics
- Force Support
- Force Application
- Protection
- Corp Mgmt & Support

JCA Tier I

Building Partnerships

The ability to set the conditions for interaction with partner, competitor or adversary leaders, military forces, or relevant populations by developing and presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities

JCA Tier II

Communicate

- Inform domestic and foreign audiences
- Persuade partner audiences
- Influence adversary and competitor audiences

Shape

- Partner with foreign governments and institutions
- Build capabilities and capacities of foreign partners and institutions
- Provide aid to foreign partners and institutions
- Leverage capacities and capabilities of security establishment
- Strengthen Global Defense Posture

JCA Tier III

BP--Critical to DoD Core Mission Areas



Develop procedures and doctrine necessary to build partnerships, in coordination with the Joint Staff, Combatant Commanders, the other Services, partner nations and other Agencies." DoDD 5100.1

Irregular Warfare

Major Combat

Cooperative Security

**Homeland Defense,
Stability Ops and
Deterrance**

Precision Attack
Air and Space Superiority
Cyberspace Operations
Agile Combat Support
ISR
Nuclear Operations
Global Mobility
Building Control Partnerships
Command & Control
Special Operations
Personnel Recovery



Why Health Engagement?



- Today's security threats:
 - **“BUGS, DRUGS & THUGS”**
- Shift in DoD strategies toward conflict prevention

“In the 21st century...we also face new types of emerging threats that transcend regional boundaries and imperil the global community.”

--Quadrennial Diplomacy & Development Review, 2010



Threat: “Bugs”

- ✓ Kill en masse
- ✓ Undermine public confidence
- ✓ Impact the economy
- ✓ Devastate a state's ability to function
- ✓ Catalyst for regional instability



US State Department speculates that disease will emerge as one of the most significant “conflict starters” and “war outcome determinants” during the next decade.

Threat: “Thugs”

- Terrorists, violent extremists & insurgents
 - No defined battlefield borders
- Protection: Influence, win “hearts & minds”



Protecting the population is the #1 objective... “The decisive terrain is the human terrain. The people are the center of gravity.”

--Gen Petraeus,
Aug 10



Shift in Security Focus

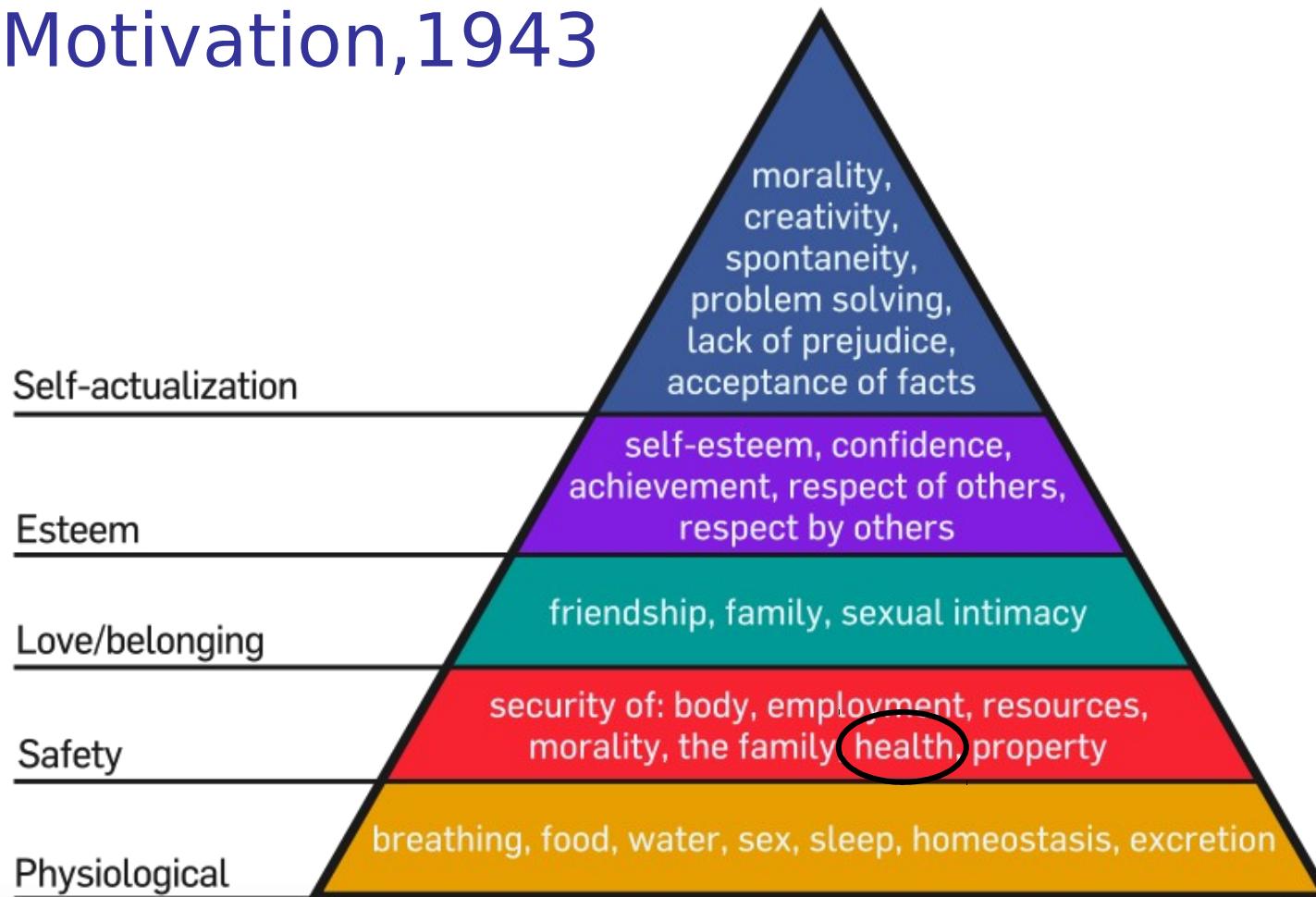


	TRADITIONAL SECURITY	HUMAN SECURITY
Orientation	State-centric	Individual/community
Referent	National security	Societal security
Threat	Structured violence	Unstructured chaos
Policy Goals	Competition	Cooperation
Values	Relative gains (zero sum or win-lose)	Absolute gains (non-zero sum or win-win)

Source: *The Global Threat of New and Reemerging Infectious Diseases*, RAND, 2003

Health & Human Security

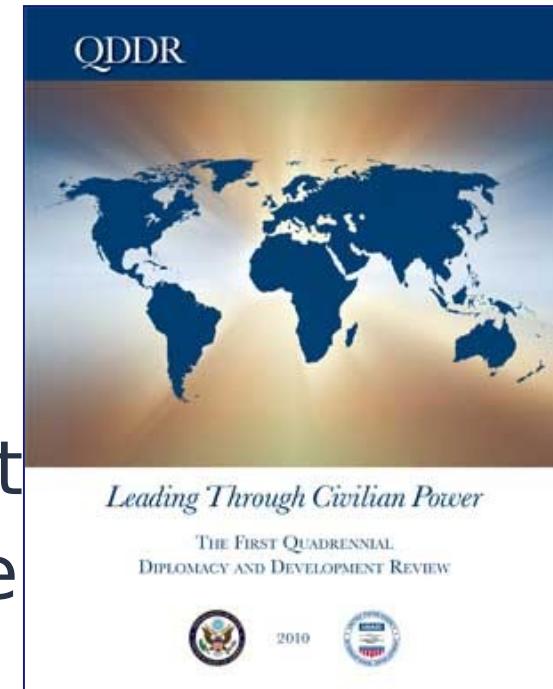
- Maslow's Theory of Human Motivation, 1943



The Quadrennial Diplomacy and Development Review



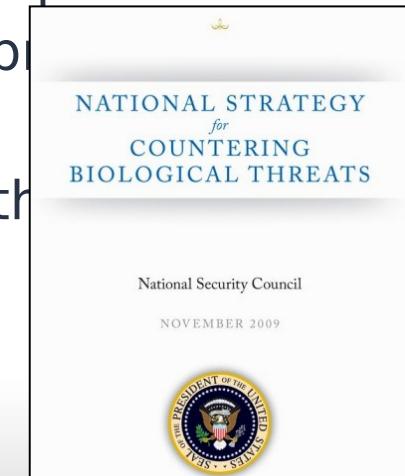
- Department of State's first QDDR (Dec 10)
- Focus investment in six areas:
 - Food security
 - Global health
 - Humanitarian assistance
 - Climate change
 - Sustainable economic growth
 - Democracy and governance



National Strategy for Biological Threats: Objectives



1. Promote global health security
 - Build global capacity for disease surveillance, detection, diagnosis, and reporting
 - Comply with WHO International Health Regulations
 - Improve international capacity against infectious diseases
2. Reinforce norms of safe and responsible conduct
3. Obtain timely and accurate insight on current and emerging risks
4. Take reasonable steps to reduce the potential for exploitation
5. Expand our capability to prevent, attribute and apply
6. Communicate effectively with all stakeholders
7. Transform the international dialogue on biological th



Why Global Health Engagement?



- Enhance biosecurity through shared public health measures and health surveillance
- Optimize partner nation military capabilities through Force Health Protection
- Interoperability and capacity-building in AE, HA/DR & health services
- Support Department of State's Mission Plans
- Means for security cooperation & Building Partnerships to achieve Theater

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Building Partnerships

Air Force Medical Service Capabilities

Col Mylene Huynh, USAF, MC, FS



Air Force Medical Support Agency
Medical Readiness Global Health Division

BP as a USAF Core Function



- 2008—CSAF established Building Partnerships as a core function
 - USAF Global Partnership Strategy provides guidance to...
 - Develop plans & programs to build global partnerships
 - Cultivate key partnerships & nurture global relations
 - Develop partners and interoperable capabilities
 - USAF Core Function Master Plan (in draft)
 - USAF Building Partnerships Doctrine (in draft)



Building Partnerships



U.S. Air Force BP Resources

Global Partnership Strategy Means (2010 update)

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Established Ally Developing	Advanced	Mid-Level
MS / DCS		
Foreign Partner CONUS Beddowns		
Intelligence Sharing		
Defense Personnel Exchange Programs		
Cooperative Relationships		
Technology Transfer and Disclosure		
International Air and Trade Shows		
		Aviation Advisor Programs
		State Partnership Program
		Stability Ops Team
Global Health Engagement		
Humanitarian Assistance / Disaster Response		
	Senior Leader Contacts	
	Language and Cultural Awareness Training for US Personnel	
	Strategic Communication	
	Education and Training	
	Attached Personnel to US Embassies	
	Exercises	
	USAF - Partner AF Reviews	

AFMS Continuum of Engagement



Provide seamless health service support to the Air Force and our Combatant Commanders

Build Trust



Extend operational reach of the Joint Forces

Biosecurity



Enhance partner nation Capability for force health protection, homeland defense, and health services

Coalition Capability



Optimize partner nation Airpower concepts

MEDCAPS → MEDRETE → Health Services → Exercises
DENRETE Exchange Combined Operations

International Health Specialist (IHS) Program



Established in 2000 as a Total Force program to address evolving global health issues and expand health diplomacy

Statistics

USAF only service with IHS capability

65 full-time positions

250+ AF medics are IHS specialists

2000+ AF medics with language proficiency in 65 languages

Capabilities

Foreign language skills

Cross-cultural competency

Geopolitical insights

Regional health expertise

Interagency coordination knowledge

Defense Institute For Medical Operations (DIMO)



Established 2002 as AF-Navy
Institute
AFMS as the executive agent

**Healthcare
Management**

**Disaster
Preparedness**

Biosecurity

**Medical
Operations**

**Patient
Transport**

Over 6000 medics trained in 124 countries

Mobile Training [Joint] Teams

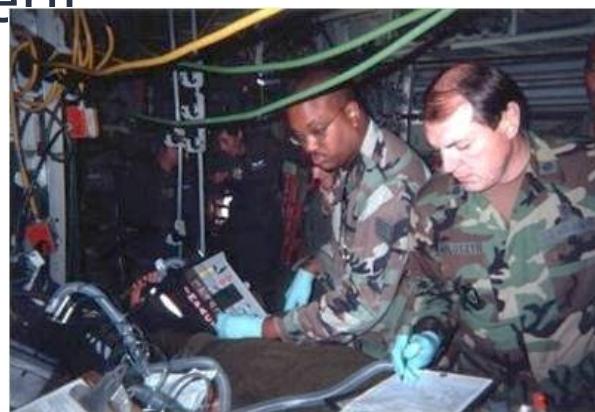
“Train the Trainer” concept

Materials translated, training specific to host nation

School of Aerospace Medicine (USAFSAM)



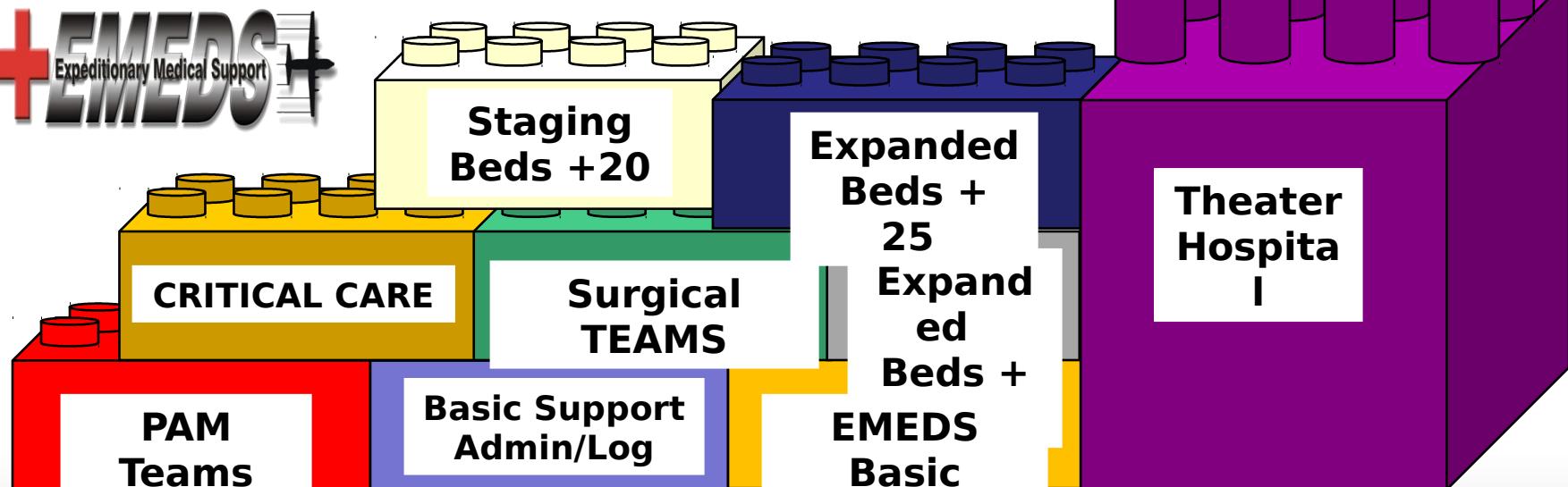
- In-residence International Education and Training
 - Aerospace Physiology, Air Evac, Critical Care Air Transport, Mishap Investigation, Flight Nurse & T courses, etc...
 - Advanced Aerospace Medicine for International Medical Officers (6-month duration)
- FY10: Trained 59 from 19 countries; 10 col
- Since 1923, trained >3200 from 87 countries
 - 37 SG equivalent



EMEDS and Specialty Consultants



- Expeditionary Medical Support (EMEDS)
 - Ground patient care in austere env't
 - EMEDS + BOS = HARRT
 - EMEDS-HRT (in development)
- > 150 specialty consultants

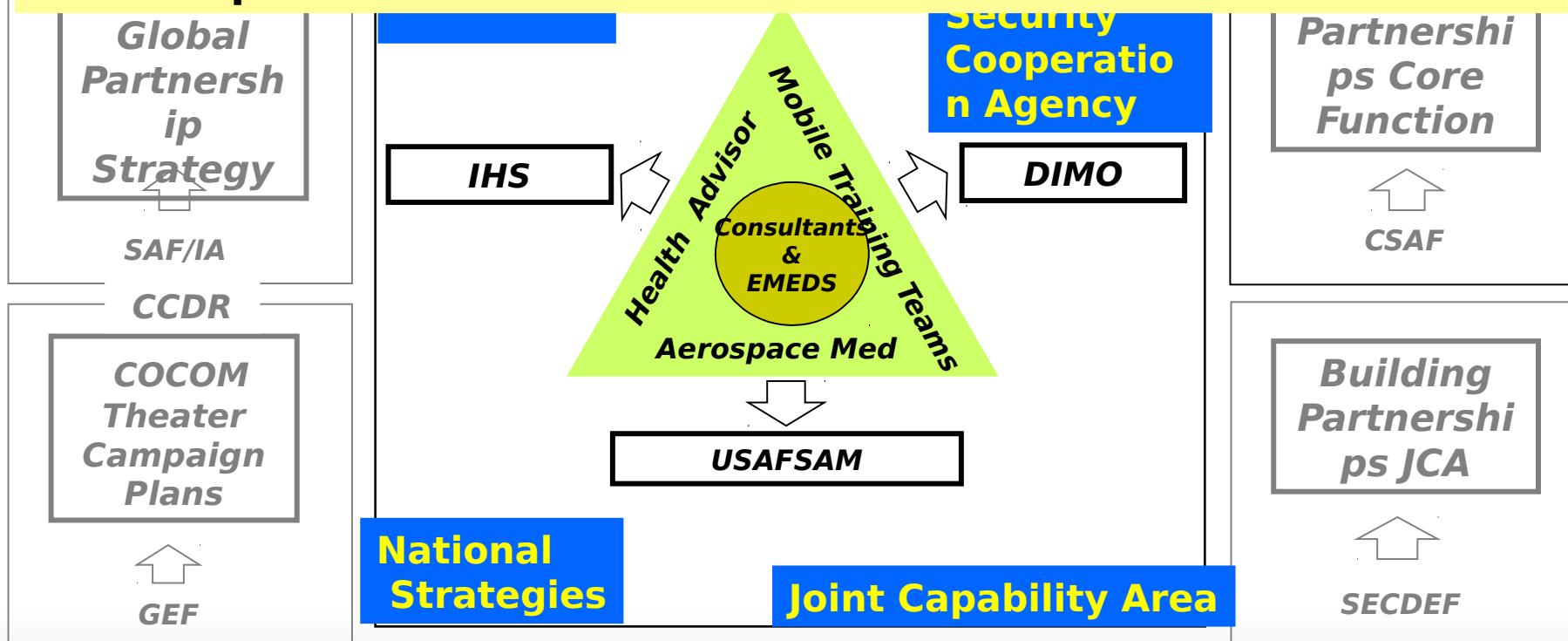


AFMS Global Health Engagement



STRATEGIC FOCUS

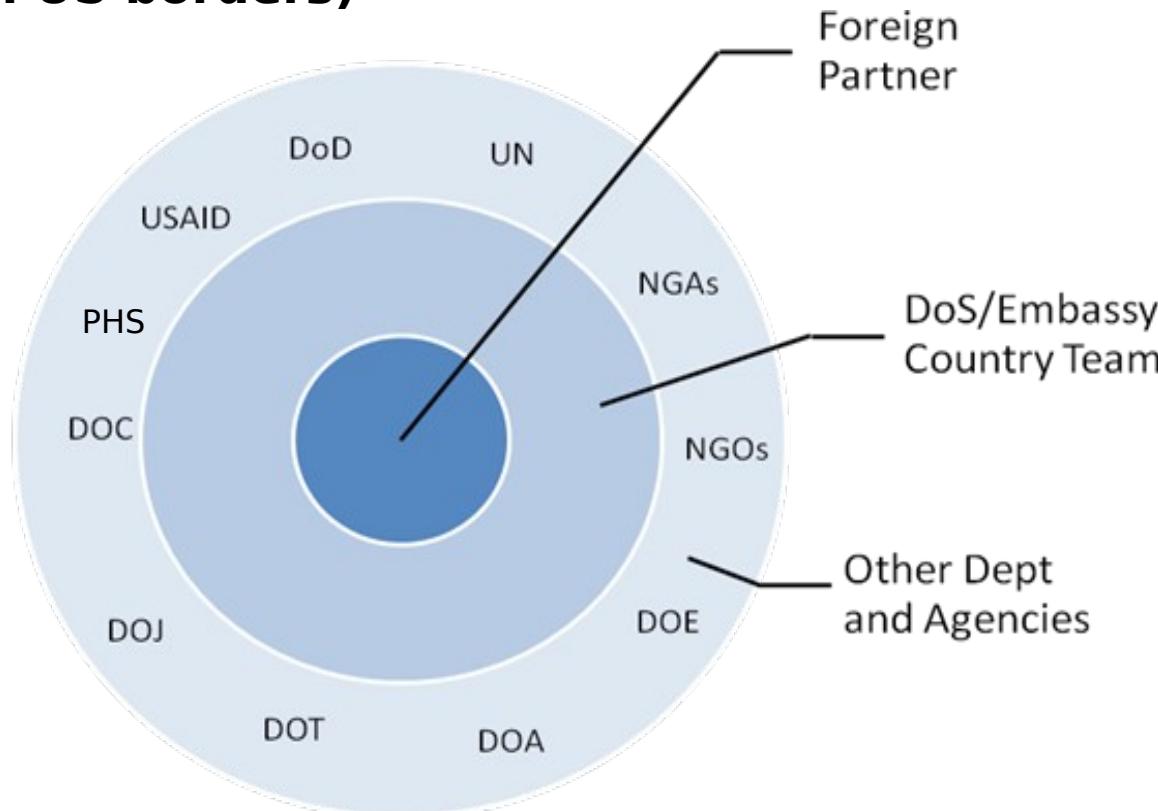
1. Access & Influence: Extend the operational reach of the Joint forces
2. Biosecurity: Enhance partner nation capability for force health protection, homeland defense and health services
3. Coalition & Capability--Optimize partner nation Airpower concepts



Building Partnerships: Whole Government Approach



BP is an interagency activity led by **Department of State** (outside of US borders) and **Department of Homeland Security** (w/in US borders)



Source: USAF Building Partnerships Master Plan (Aug 10 Draft)

Summary: AFMS Unique Capabilities for Building Partnerships



Communicate, advise, build partnerships



Train, mentor, expand capabilities



Educate, aerospace expertise, interoperability



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Adapting the Army for Building Partner Capacity

How the Army is Changing to Engage With our Partners?

The Quadruple Aim: Working Together, Achieving Success

MAJ O. Sean Friendly

25 Jan 11



HQDA G-35

AGENDA



- Problem Statement
- Background
- Army Efforts to Adapt
 - Army Campaign Plan
 - Security Force Assistance
- Examples of BPC Engagements



Problem Statement

- Activities to Build Partner Capacity will be more central to Army strategy than in the last half of the 20th Century.
 - *"the capabilities of the United States' allies and partners may be as important as its own, and building their capacity is arguably as important as, If not more so than, the fighting the United States' does itself."* SECDEF Gates, FEB 2009
- Army Institutions were designed to support a different strategy and therefore must be adapted.



Background

“Given the emerging security environment, the evolving character of conflict, and the Secretary of Defense’s vision of balance in our defense strategy, we see four roles for land forces in the 21st century: **prevail** in protracted counterinsurgency campaigns; **engage to help other nations build capacity and to assure friends and allies**; **support** civil authorities at home and abroad; **deter and defeat** hybrid threats and hostile state actors.”

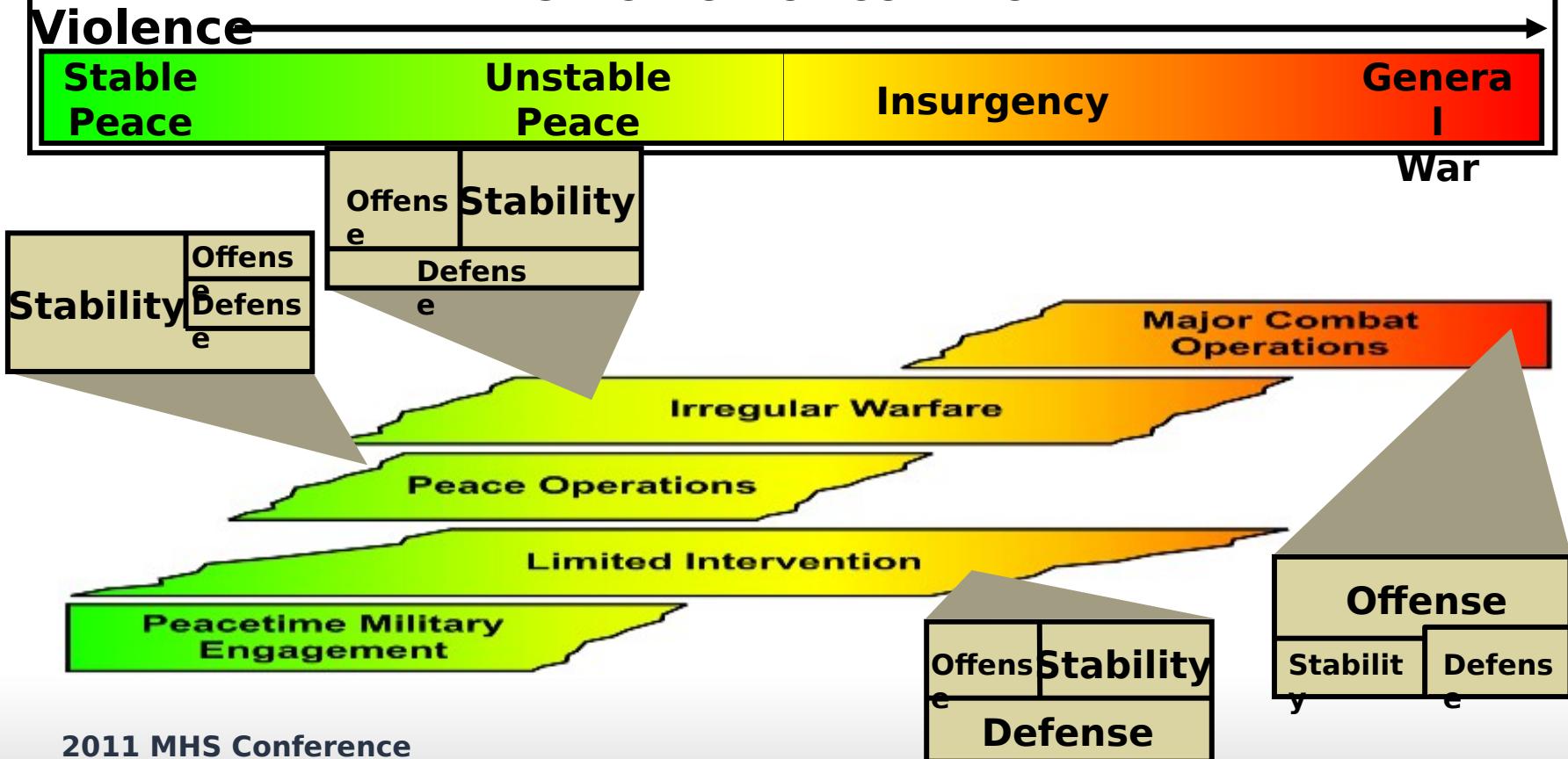
General George W. Casey Jr., CSA
“The Army of the 21st Century”: OCT 09



SO-Context

“Each component of full spectrum operations—offense, defense, stability, and civil support—is necessary in any campaign or joint operation.. The effort accorded to each component is proportional to the mission and varies with the situation.” FM 3-0

SPECTRUM OF CONFLICT





Major Army Effort

2006:

Stability Operations Gap Analysis

2008-2008:

Army Action Plan for Stability Operations

2008:

Stability Operations in an Era of Persistent Conflict

2008:

FM3-07 Stability Operations

2010:

Army Campaign Plan

Major Objective 8-3

Majority of tasks in Establish Civil Security

Lead/support

Examined 1185 tasks [23 : Army as

Joint Forces Participation (OSD, J7, DHS, USAF, USMC)

Direct the development of DOTMLP

SO

Improve capability and capacity to conduct

activities to combatant command ...

All SO tasks must be inherent in forces

nations

Capabilities must adapt to support partner

approach

environment

Supports interagency effort for SO in tactical

Military alone cannot succeed

A "how to" guide for all practitioners

Refines Army training requirement

BPC

Ensures Guidance/Plans and Resources for

Adapts the Army for Building Partner



Army Campaign Plan

Major Objective 8-3

ACP 8-3 Description

Adapt Army institutions for Building Partner Capacity to adapt the generating force to participate in and enable operating forces for building partner capacity.

Endstate

- **Army Institutions capable of building the capacity of partner nations to secure themselves, govern their people, and evidence willingness to operate as partners across the spectrum of conflict.**
- **Agencies capable of building the capacity of partner nations to secure themselves and govern their people.**



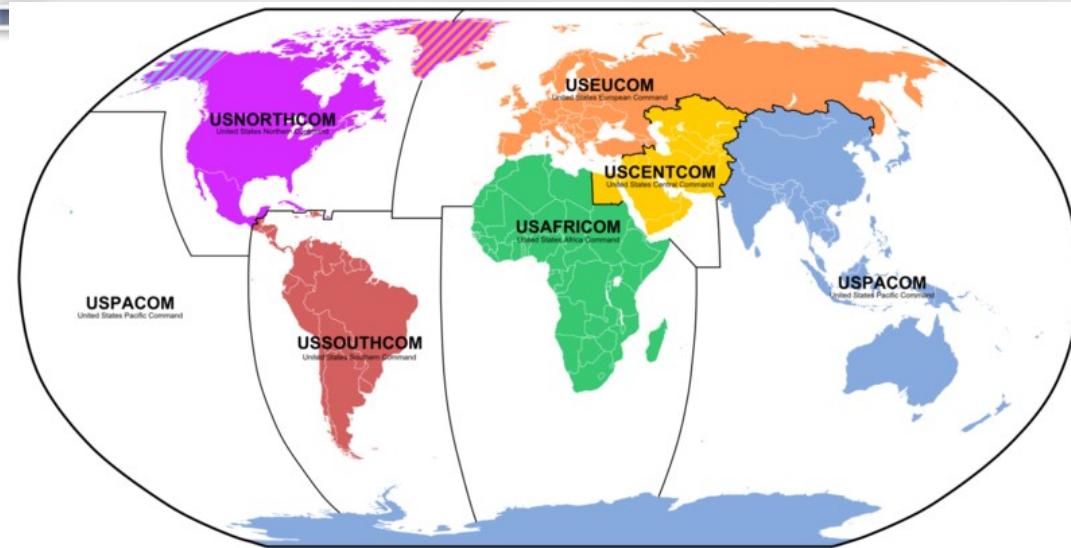
Security Force Assistance (SFA) approach

A Balanced Army for a Balanced Strategy:

Engage to help others build their capacity—army and police—to secure their countries and deny their use to terrorist organizations

- **Institutionalize SFA training capability**
 - Advisor-focused training capability (SFA Training Brigade)
 - Regionally focused modular cells provide regional, cultural and language expertise
 - Personnel development and assignment policies for SFA
 - Integrate DOTML-PF development
- **Regionally align forces through ARFORGEN**
- **Augment forces with SFA enablers as required**
- **Feedback mechanisms to continuously refine capabilities**

Global SFA Model

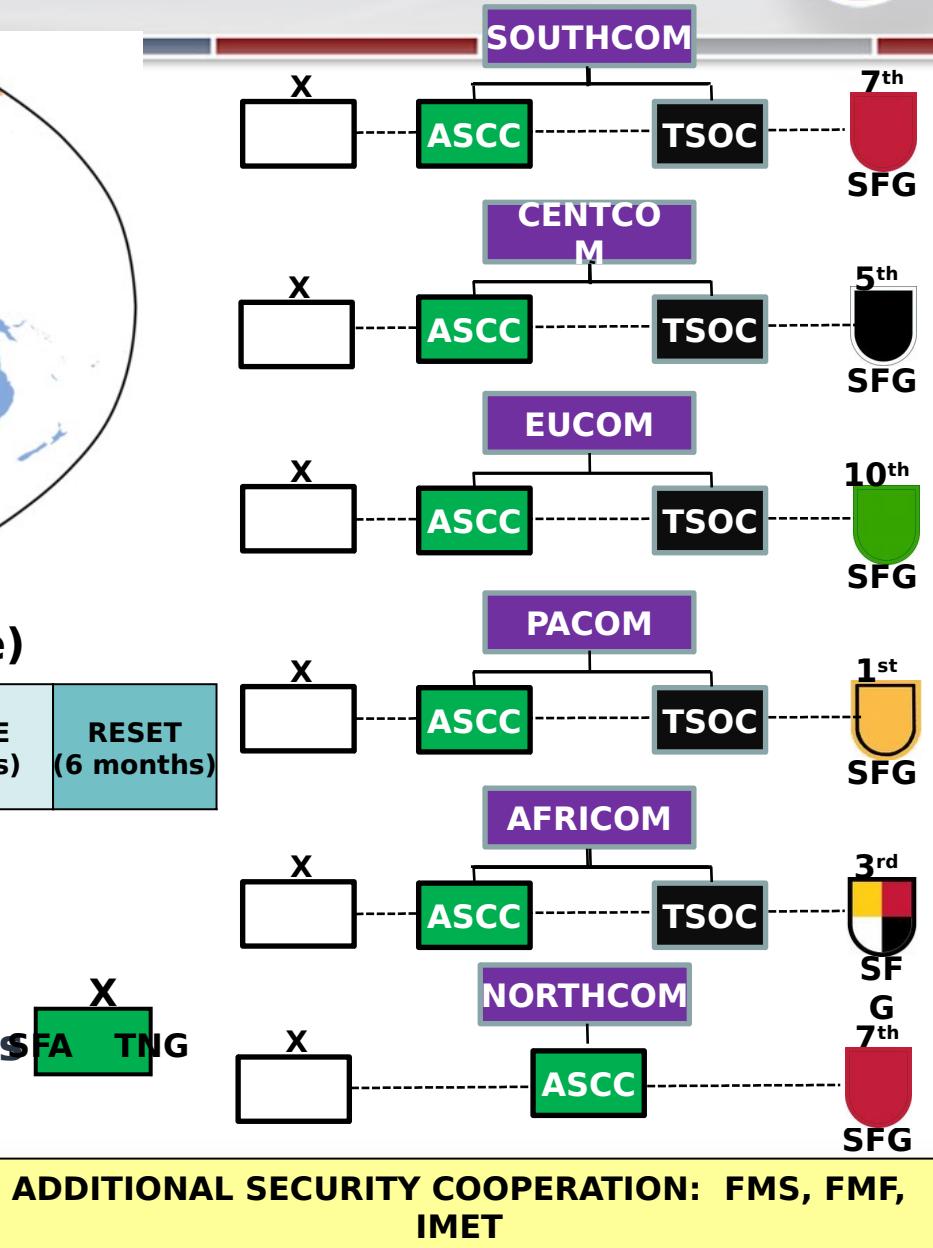


ARFORGEN Cycle (1:2 Example)

RESET (6 months)	TRAINING (18 months)	AVAILABLE (12 months)	RESET (6 months)
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- Alignment with COCOM
- Coordination with TSOC/ASCC
- Training work-up
 - Regional and cultural awareness
 - Language training
 - Training and advising

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Army Medicine BPC Engagements



LTC Mike Smith meets with the Provincial Governor of Diyala, Afghanistan



MEDCAP engagement in Uganda 2011 MHS Conference



CPT Bridges and SSG Mwanyiki Field Sanitation Course Congoolese Forces



Participation in the Multinational Cooperation Program in the Asia Pacific. Disaster Readiness Conference.



GEN Gurung and COL Swalko, Field Preventive Medicine (NFPAL)



MAJ Bustoz Medical Advising with 8th Iraqi Army Med Forces. Civ-Military Medical Facility Engagements.

SUMMARY



The Army is changing!

***We are inculcating the ability to
build partnership in to our forces
at all levels.***

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Operation Unified Response - Haiti

USNS COMFORT

Partnerships in Action

CDR Timothy Donahue

25 Jan 11



Unprecedented Devastation



Unprecedented Devastation



International Medical Response



International Medical Forces Afloat:

SPS CASTILLA
ITN CAVOUR
FRS SIROCCO
ARM HUASTECO
ARM TARRASCO
ARM PAPALOAPAN
ARC BUENAVENTURA
ARC CARTAGENA DE INDIAS

Initial Responders:

USS NORMANDY
USS UNDERWOOD
USCG LARAMIE
USCG LEGARE
USCG OAK
USCG VALIANT
USCG HAMILTON
USCG TAHOMA
USCG DEPENDABLE

GoH / NGO / OGO Medical Forces Ashore:

Ministry of Health
United Nations
USAID
International Red Cross
World Health Organization
Partners in Health

International Medical Forces Ashore:

Canadian Field Hospital
China- Medical Rescue Team
Chile-Portable Hospitals
Japan- Medical team
Jordan - Field Hospital
Israel- Field Hospital
Spain- Medical Team

Russia- Mobile Hospital
Brazil- Field Hospital
Turkey- Field Hospital
France- Field Hospital
Venezuela- Medical Team

Cuba- Medical Team
Italy- Medical Team

US JOINT FORCES AFLOAT

+USNS COMFORT+
USS NASSAU ARG
USS CARL VINSON
USS BATAAN ARG

US Joint Medical Forces Ashore

EMEDS
SPEAR
22 MEU
24 MEU
ITF-B

Medical response was a Joint, Inter-agency, Civilian and International effort supporting Government of Haiti



Initial Medical Challenges

Liaison with Shore Facilities

Patient Triage Ashore

Staffing Levels



Shore Based Medical Facilities

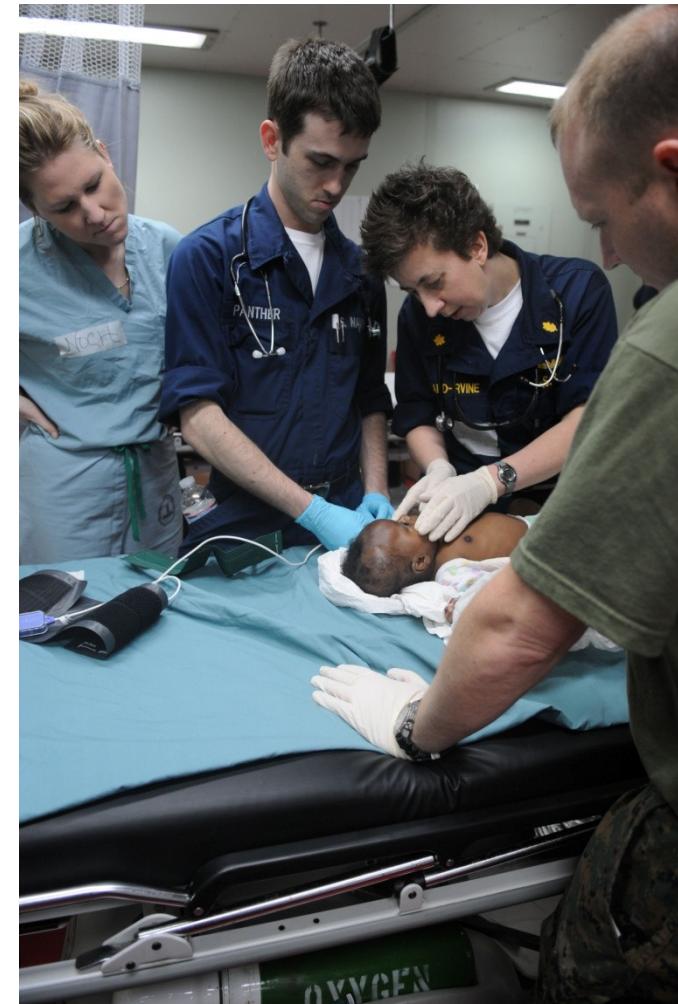




Initial Staffing Levels

- Deployed with Humanitarian Civil Assistance (HCA) mission capabilities.
 - Continuing Promise model
- Surgery
 - 1 orthopedic surgeon
 - Performed 36 straight hours of lifesaving surgery on first day of patient admissions
- Medical Staff
 - Specialties based on humanitarian missions vice disaster response
 - Not enough intensive care and emergency medicine staff
- Nursing Services
 - Wards staffed for 250 beds
 - Filled 411 beds with critical care patients

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Second Challenges

- Staffing Augmentation
 - Need for NGO's to provide expertise not available through military staffing
 - Pediatric nurse specialists
 - Pediatric intensive care physicians
- Interpretation Capabilities
- Heavy Volume of Orthopedic and Neurosurgical Cases
 - Need for NGO expertise
 - Military orthopedic trauma surgeons deployed already

NGO Volunteers



NGO Volunteers

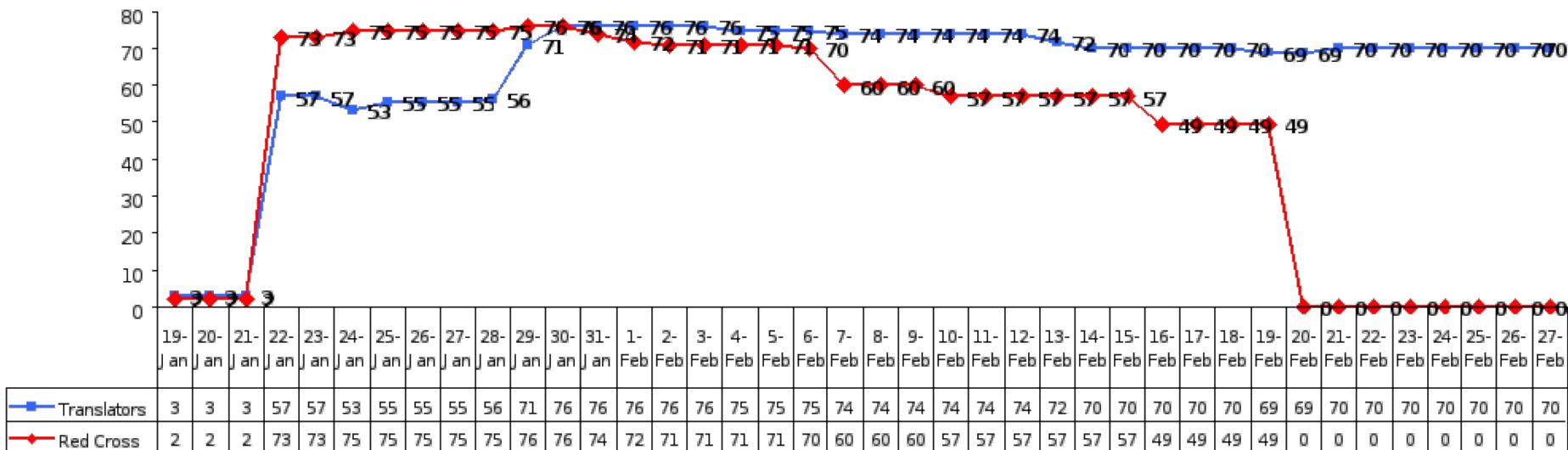




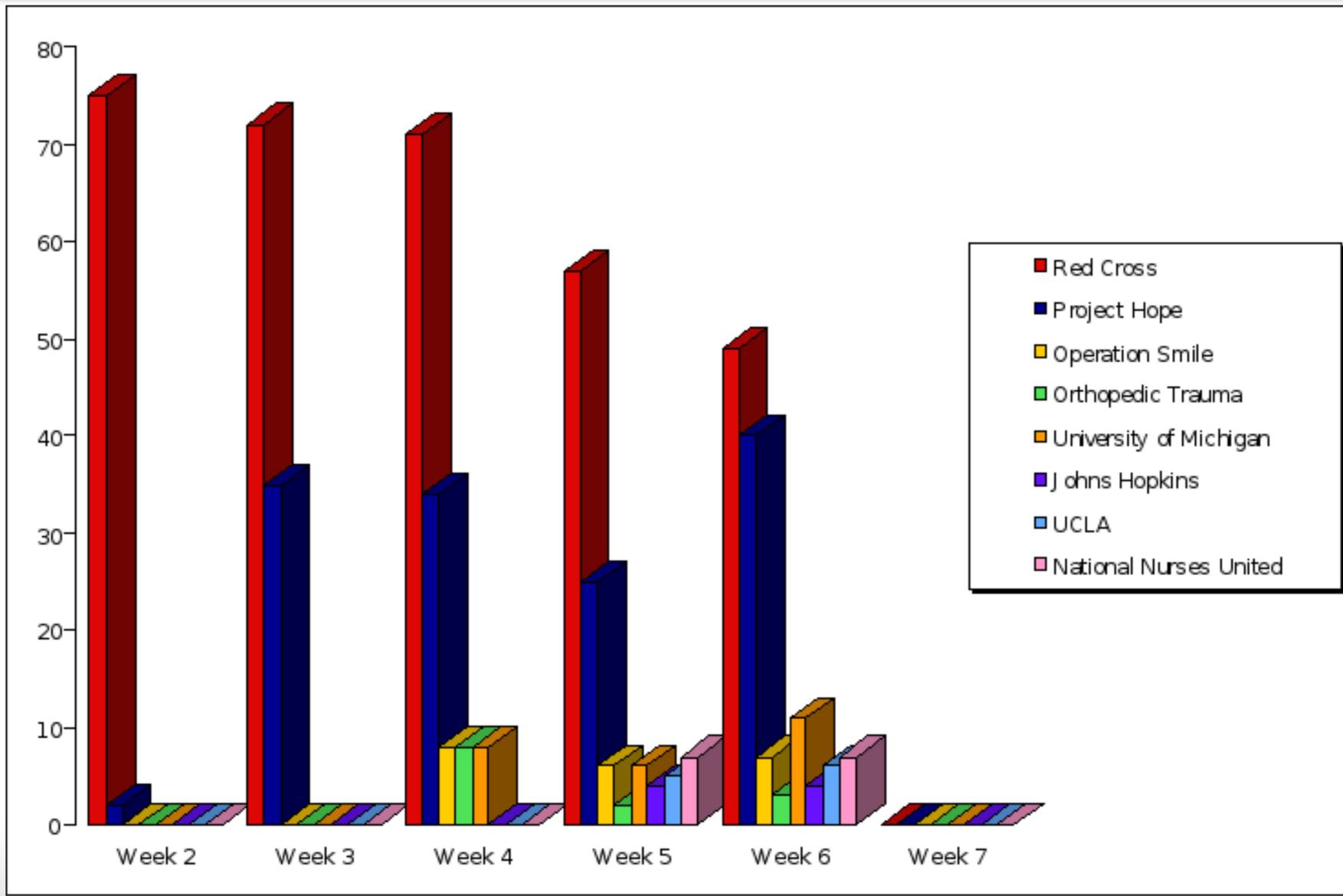
AMERICAN RED CROSS TRANSLATORS - 104 VOLUNTEERS

US NAVY TRANSLATORS - 76 FROM THOUGHOUT THE NAVY

Interpreter Census On Board USNS COMFORT (T-AH 20) Operation Unified Response Haiti



NGOs



Orthopedic and Neurosurgery Cases



Orthopedic and Neurosurgery Cases



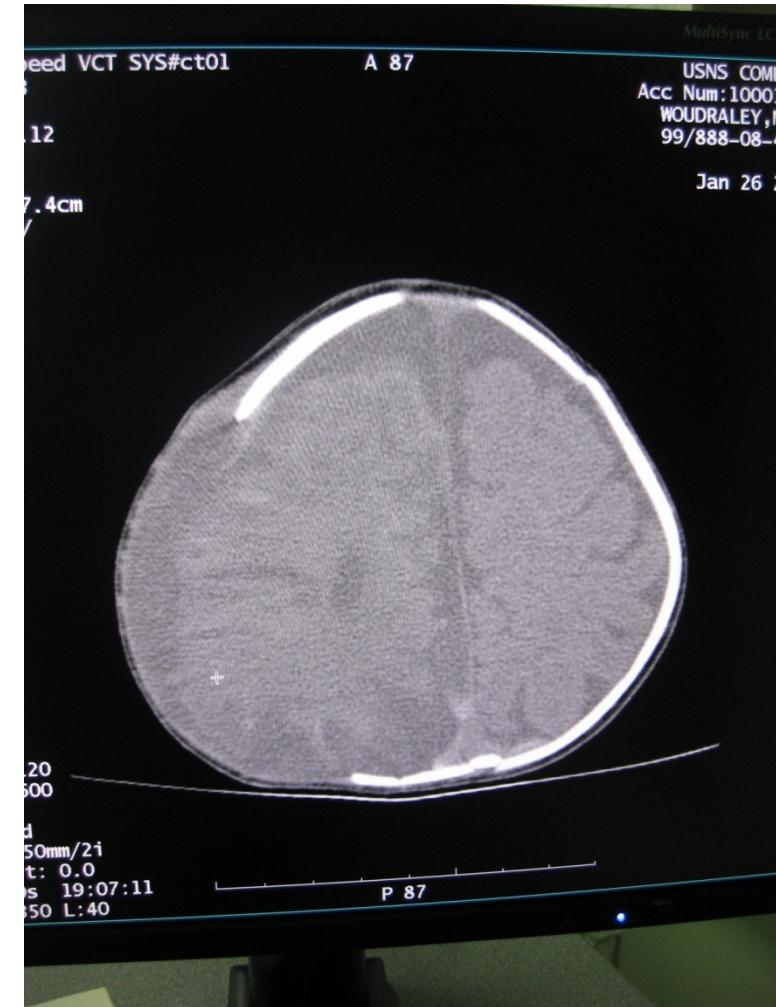
- 85% patients had orthopedic injuries
- 75% required multiple surgeries
- Deployed with one pediatric orthopedic surgeon
- Initial augmentation of six ortho surgeons



Orthopedic and Neurosurgery Cases



- Single orthopedic trauma surgeon for complex pelvis cases
- Backlog of cases estimated to be three weeks after 8th day of taking patients



Orthopedic and Neurosurgery Surge



- Orthopedic Trauma Association
 - Established relationship with Army
 - Landstuhl Regional Medical Center
 - Institutional experience and familiarity with MOU's with DoD
- Augmented mission with 18 volunteer surgeons
 - Completed over 120 initial complex orthopedic cases in three days

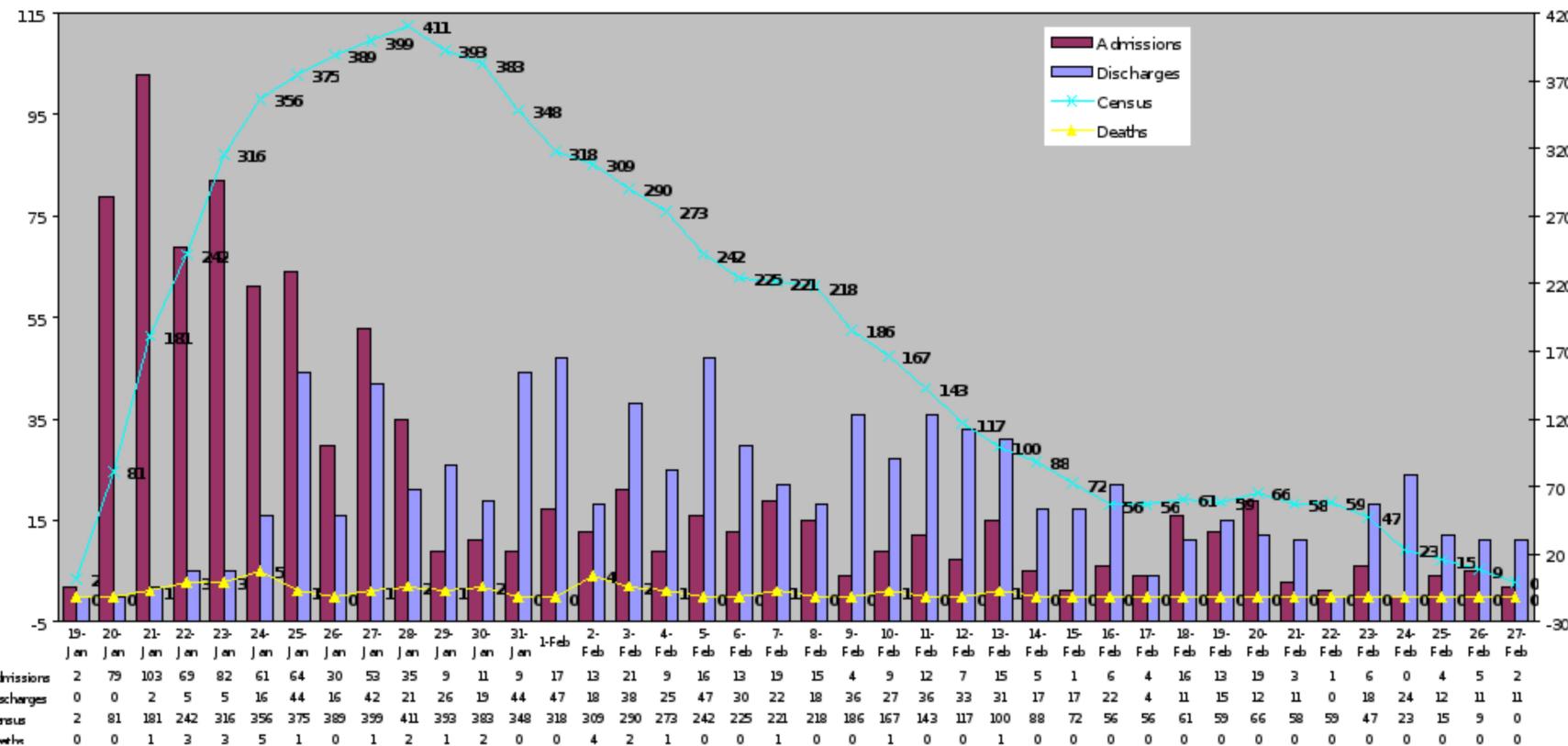
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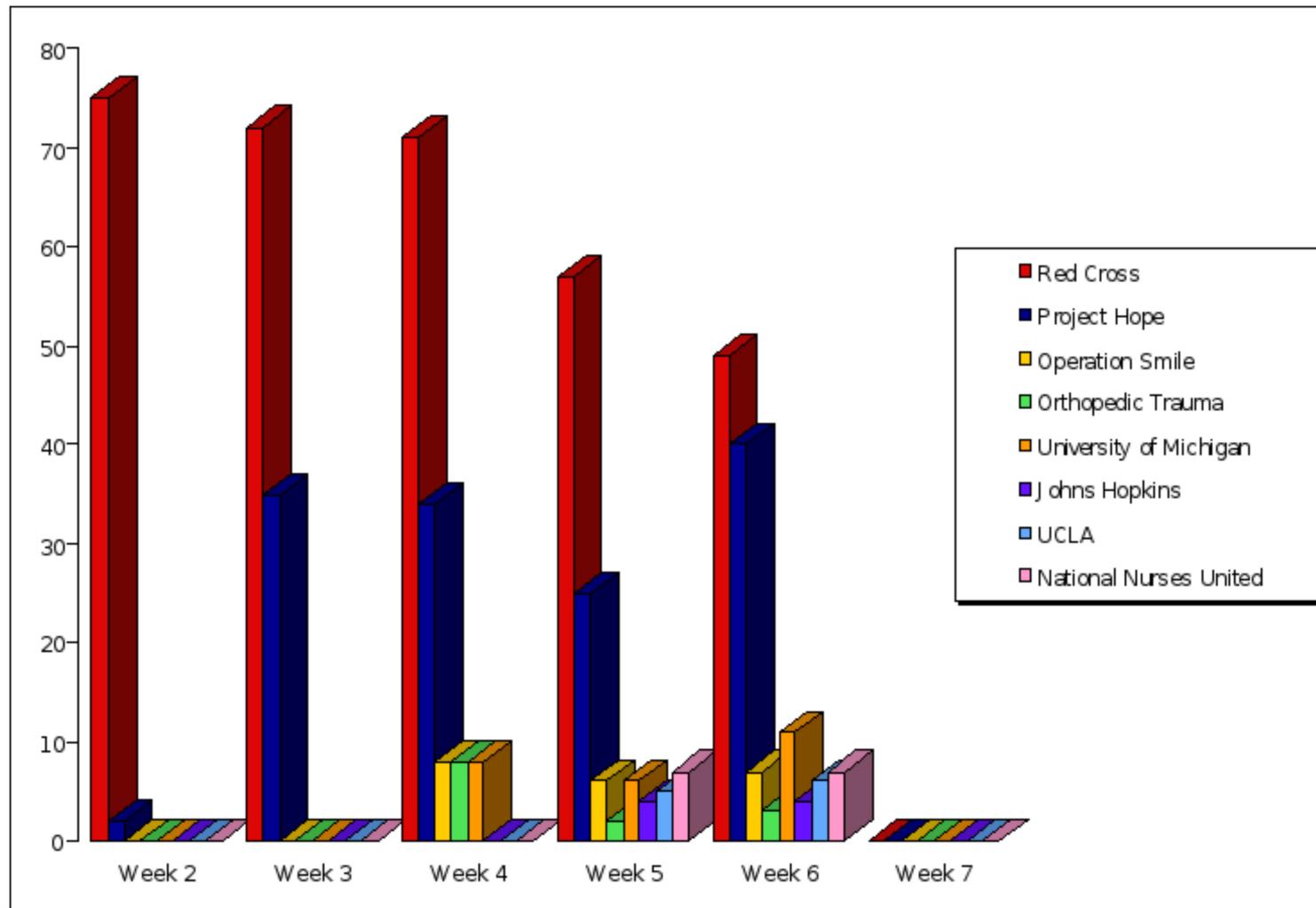
Admissions, discharges, deaths



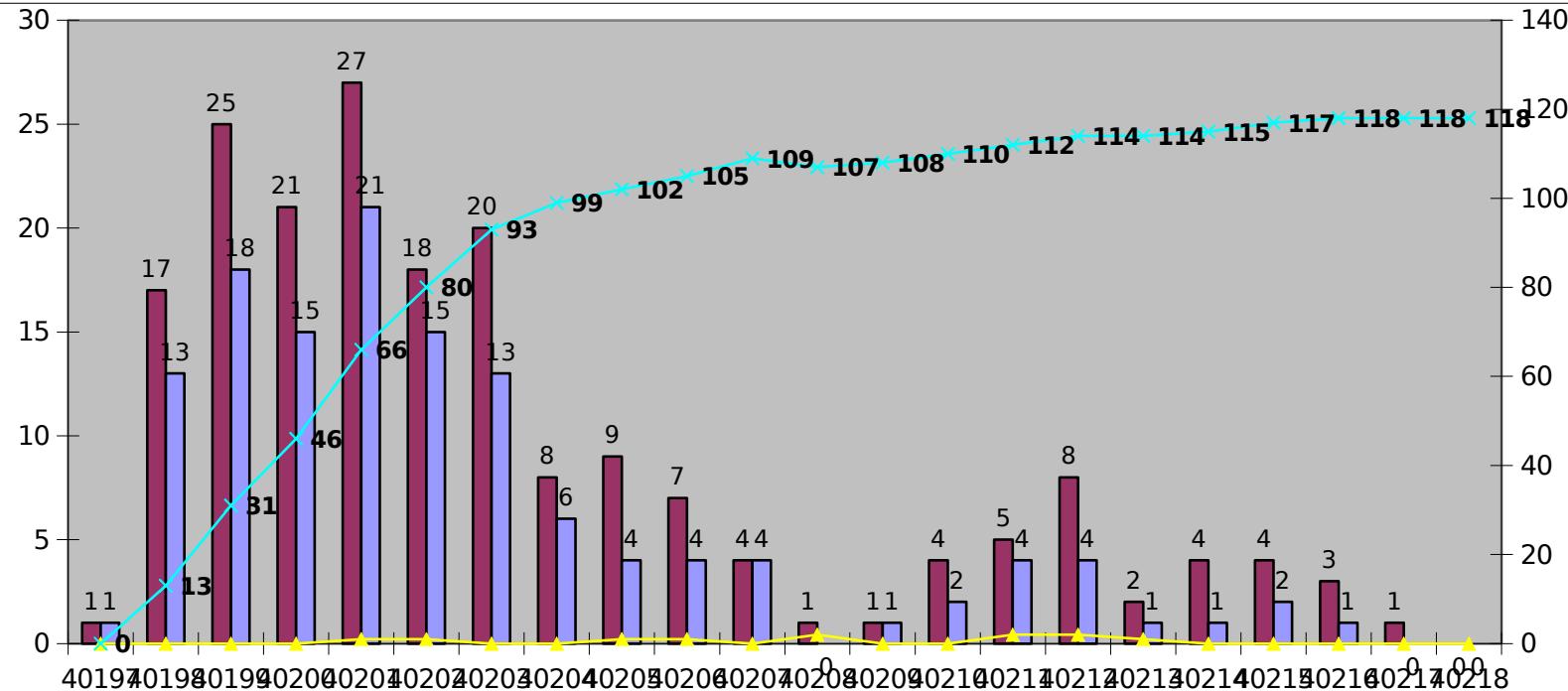
USNS Comfort Operation Unified Response Haiti
Patient Admissions, Discharges, Deaths 19 Jan - 3 Mar



NGOs



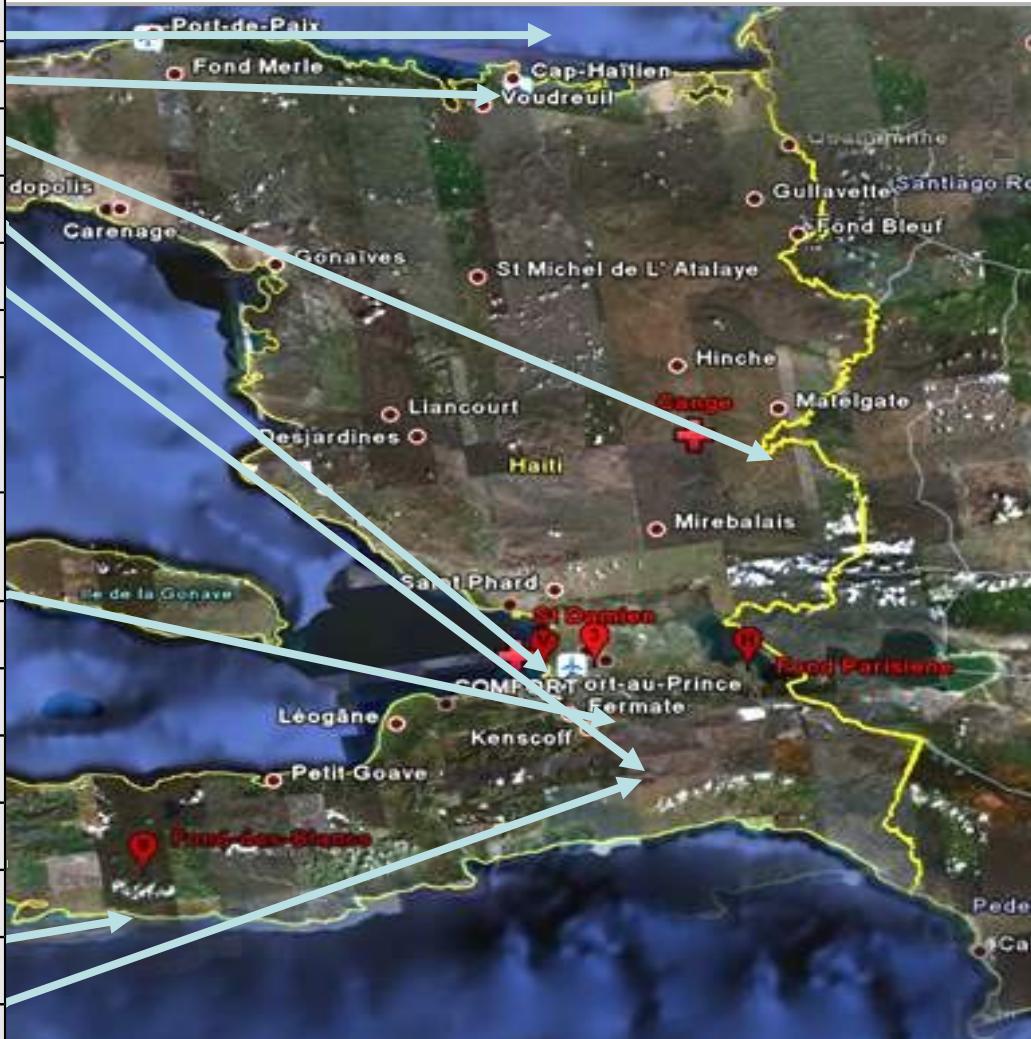
Intensive Care Admissions



Accepting Medical Facilities



Children of Promise**	1
Sacred Heart**	45
Partners in Health	14
Real Hope for Haiti	10
Love a Child	90
Killick	9
Terminal Varreux	36
	0
St. Damien's Children's Hospital**	30
Heart Line	12
Angel Missions	10
Gheskio Hospital	1
PIH / Double Harvest**	4
Doctors without Borders	3
Canadian Field Hospital	3
St. Boniface**	25
Aerovac	77



Readiness Skills for Effective Building Partnership Missions



- Foreign language skill/proficiency
- Cross-cultural competency
- Appreciate host nation standards & conduct sustainable activities
- Capacity-building focus
- Long-term planning/sequencing
- Performance vs. outcome/effect
- Skill/capability tracking





Summary

- Services with common challenges to shape readiness capabilities for Building Partnerships
- Building Partnership missions require additional readiness skillsets
- Key to success is collaboration, synchronization and integration

"In the 21st century, military strength will be measured not only by the weapons our troops carry, but by the languages they speak and the cultures they understand."

-President Barack

Obama, 18 Aug 09

Questions?



The best way to achieve security is to prevent war when possible and to encourage peaceful change within the international system.

-National Defense Strategy, Jun 08

